

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE	LOBBYIST	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST FRIENDS OF DR. PHIL						
STREET ADDRESS 607 FAIRWAY DR						
CITY TELFORD		STATE PA	ZIP CODE 18969 -			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
	6TH TUESDAY PRE-PRIMARY	Montgomery County Coroner			REP	MO. DAY YEAR 11 03 2015
	2ND FRIDAY PRE-PRIMARY	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
	30 DAY POST-PRIMARY	MO. DAY YEAR		MO. DAY YEAR		
	6TH TUESDAY PRE-ELECTION	11 24 15 TO 12 31 15		CASH BALANCE AT END OF REPORTING PERIOD: \$10,431.⁰²		
	2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	30 DAY POST-ELECTION	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DATE RECEIVED - 11/11/15		
ANNUAL REPORT						

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

NOTARIAL SEAL KAREN M. HECKMAN, Notary Public East Norriton Twp., Montgomery County My Commission Expires March 22, 2019 MO. DAY YR. 3 22 2019	SIGNATURE OF PERSON SUBMITTING REPORT Michael B. Myrland PRINTED NAME 610 539-8903 AREA CODE DAYTIME TELEPHONE NUMBER
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PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

NOTARIAL SEAL KAREN M. HECKMAN, Notary Public East Norriton Twp., Montgomery County My Commission Expires March 22, 2019 MO. DAY YR. 3 22 2019	SIGNATURE OF CANDIDATE PHILIP MANDATO PRINTED NAME 610 639-9436 AREA CODE DAYTIME TELEPHONE NUMBER
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January 27, 2016

Montgomery County Election Board
One Montgomery Plaza, Suite 602
P.O. Box 311
Norristown, PA 19404-0311

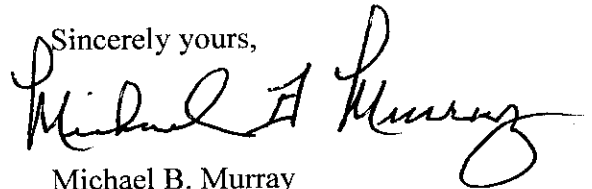
RE: Friends of Dr. Phil Committee Expense Report

Dear Sir/Madame:

Enclosed please find the 2015 Annual Report for the period ending December 27, 2015, for the above referenced political committee. This statement has been completed to the best of my ability with the information that has been provided to me to this date.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely yours,



Michael B. Murray
Treasurer

Enclosures

2016 FEB -1 2:11:07